



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

March 20, 2012

Mr. Alexander Smith, Administrator  
Robinson House  
89 Main Street  
Middlebury, VT 05753

Provider #: 551

Dear Mr. Smith:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **January 11, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, reading "Pamela M. Cota".

Pamela M. Cota, RN, MS  
Licensing Chief

PC:ne

Enclosure



Fax 8022412348

Feb 22 2012 11:45am P004/008

PRINTED: 02/21/2012  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  551	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/11/2012
NAME OF PROVIDER OR SUPPLIER  ROBINSON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 89 MAIN STREET MIDDLEBURY, VT 05763		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 001	INITIAL COMMENTS  An unannounced onsite licensing and complaint investigation was conducted on 1/4/12 and 1/5/12. Additional offsite information reviewed and the investigation was concluded on 1/11/12. There were no findings related to the complaint investigation. There are survey findings. Findings include:	T 001		
T 002	IV.A.1 Resident Care and Supervision  General The Director shall provide every resident with the personal care and supervision appropriate to his/her individual needs.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the director failed to assure that all staff who administer medication are appropriately trained and delegated by the APRN (Advanced Practice Registered Nurse) to perform this task. Findings include:	T 002		
	Per staff interview on 1/3/12, a weekend staff member is not delegated to administer medications but this staff member does administer pre-poured medication. The home currently provides medication to 6 residents. Per medication administration policy in the home, the APRN must train, observe, and delegate administration duties to any staff providing residents medication. During interview on 1/4/12, the Manager confirmed that this weekend staff member does administer medication to residents and is not trained by the APRN to administer medication.			

Facility faxed  
in their POC  
on 3/2/12 -  
use that as date,  
since they didn't sign this  
form. Pam

Division of Licensing and Protection

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0100

VTVG11

If continuation sheet 1 of 5

Pm

Fax 8022412348

Feb 22 2012 11:45am P005/008

PRINTED: 02/21/2012

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## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  561	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/11/2012
NAME OF PROVIDER OR SUPPLIER  ROBINSON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 89 MAIN STREET MIDDLEBURY, VT 05753		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
T 009	Continued From page 1	T 009			
T 009	IV.B.1 Physical Environment  General a. The residence must meet all appropriate provisions of local building codes and zoning ordinances and regulations of the Vermont State Fire Code. b. The residence shall provide a comfortable, sanitary and safe environment for residents.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the residence failed to assure a safe environment for all residents. Findings include:  ✓ 1. Per observation during initial tour on the morning of 1/4/12, a gallon container of liquid Clorox bleach was in a resident accessible area on the ground floor. This observation was confirmed by staff during the tour.  ✓ 2. Per testing of bathroom water temperature during the initial tour on 1/4/12 at 11:58 AM, the water temperature in the resident use bathroom was 122.9 DF (degrees Fahrenheit). This was confirmed at the time of testing by the staff member present during the environmental tour.  ✓ 3. Per record review on 1/5/12, fire drills had not been conducted according to the requirements of the Vermont State Fire Code which requires bi-monthly drills with 2 of 6 drills during the night. Only 2 of 6 required fire drills were recorded during calendar year 2011. During interview that morning, a maintenance staff member confirmed that there were not bi-monthly fire drill records available.	T 009  T 009			

Division of Licensing and Protection

STATE FORM

8899

VT0611

If continuation sheet 2 of 5

Fax 8022412348

Feb 22 2012 11:48am P006/008

PRINTED: 02/21/2012  
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T 028 T 028	Continued From page 2 IV.B.3.c. Physical Environment  Sanitation :  The water supply must be free of contamination and must have sufficient pressure to meet the sanitary needs of the residence at all times. If water is furnished privately by spring or shallow well, it shall be tested and approved yearly by the Vermont Health Department. In no case shall water from lead pipes be used for drinking or cooking.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Director failed to assure that annual testing of the water supply was conducted to identify potential contamination of the drinking water source. Findings include:  Per record review on 1/4/2012, the last water test results available were dated 10/24/2007. During interview that morning, a maintenance staff member confirmed that there were no additional water test results for review.	T 028 T 028			
T 064	VI.1.A.2.c. Common Model Program Standard  Structural Components—Governing Authority:  The duties of the governing body shall include, but not necessarily be limited to, the following: - Appointment of a qualified director or supervisor as the official representative of the governing body, along with a delineation of the responsibilities and authority of this individual; - Adoption, review and revision of the program's bylaw and policies;	T 064			

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Feb 22 2012 11:46am P007/008  
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T 064	Continued From page 3  Establishment of effective controls that are designed to achieve and maintain maximum standards of service delivery and quality review; Review and approval of an annual budget to carry out the objectives of the residence; and Establishment of a policy on confidentiality including a delineation of circumstances when records can be reviewed by duly authorized individuals for purposes of quality assurance.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the appointed Director failed to assure that revision of program policy / procedure regarding medication administration was completed. Findings include:  Per record review on 1/5/12, the Residence medication administration policy did not reflect all current medication administration practices and needed significant revision. The procedure available to guide staff advises to assure the 6 "rights" of medication administration and advises that "staff may NEVER administer a medication they did not pour themselves". Per observation and staff interview on 1/4/12, most daily medication is pre-poured for a weekly period by specifically designated staff for administration by other staff. Exception to pre-poured medication includes PRN (as needed) medications and newly arrived medications. There was no procedure to advise staff how to assure that pre-poured medications are the "right medication for the right resident". During interview that morning, the Manager and the RN confirmed that the Residential Medication Administration Procedure did not reflect current practice and should be revised.	T 064			

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VTVG11

If continuation sheet 4 of 5

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T 069	Continued From page 4	T 069			
T 069	VI.1.B.5. Common Model Program Standards  Structural Components Director or Supervisor The director and/or supervisor shall assure that the number and type of staff is adequate to meet the treatment and management goals of the residence.  This STANDARD is not met as evidenced by: Based on record review and interview, the Director failed to provide adequate staffing to meet the medication management goals of residents of the facility. Findings include:  Per record review on 1/4/12, a primary person is assigned to each shift and is responsible to administer medication during the assigned shift. An identified primary staff member routinely assigned to weekend shifts was not identified as delegated to administer medication. During interview on 1/5/12, the RN (Registered Nurse) and the Manager confirmed that this staff member administers pre-poured medications and has not completed the medication administration course for delegation to provide medication to residents.	T 069			

**Department of Disabilities, Aging, and Independent Living  
Division of Licensing and Protection**

**Response to Survey done on 1/3/2012 & 1/4/2012**

**Plans of Correction**

**T002: Resident Care and Supervision**

**Action Taken:** No employee will administer any medications until they have successfully completed the medication course given by our APRN. Upon completion the APRN will train, observe, and delegate administration duties concerning medication per our protocol.

**Measures and Monitoring:** Monitoring will be completed by our APRN and Robinson House Manager.

**Dates corrective actions implemented:** March 1, 2012

*T002 POC accepted 3/19/12 JMC/ARN*

**T009: Physical Environment**

1. **Action Taken:** We have changed our protocol around the laundry room area. No longer will laundry detergent, bleach, or other supplies be left in that area. All chemicals used for laundering clothes will be stored in the 1<sup>st</sup> floor locked cleaning supply room.

**Measures and Monitoring:** This will be done on a daily basis by primary staff at shift change twice daily.

**Dates corrective actions implemented:** March 1, 2012

2. **Action Taken:** The water temperature has been lowered to 117.2 Degrees Fahrenheit by our Maintenance Department (see enclosed description).

**Measures and Monitoring:** This will be done by our Maintenance Department on a quarterly basis.

**Dates corrective actions implemented:** January 6, 2012

3. **Action Taken:** Consulted with our Maintenance Department and Health and Safety Committee. We now will conduct bi-monthly fire drills with two of these drills at night. A copy of the drills will be kept of site for review by licensing.

**Measures and Monitoring:** This will be done by our Maintenance Department on a bi-monthly basis.

**Dates corrective actions implemented:** March 1, 2012

*T009 POC accepted 3/19/12 Pmataru*

#### **T028: Physical Environment**

##### **Sanitation:**

**Action Taken:** An annual water test was done on January 25<sup>th</sup>, 2012. Please see enclosed results from Vermont Department of Health Lab. These records are usually kept in our Maintenance Department. The Maintenance Department will now give Robinson House all inspection results so we may have them on site for Licensing to Review.

**Measures and Monitoring:** This will be done by our Maintenance Department. Test will be conducted yearly.

**Dates corrective actions implemented:** March 1, 2012

*T028 POC accepted 3/19/12 Pmataru*

#### **T064: Common Model Program Standard**

##### **Structural Components—Governing Authority**



**\*Action taken: Our Residential Medication Policy has been revised to reflect our current standards for medication administration. See attached policy.**

**Measures and Monitoring: This will be done by our APRN on a monthly basis to ensure current practices.**

**Date corrective actions implemented: March 1, 2012.**

**\*Action taken: Pre-Poured meds will be accompanied by client names, medication names, dosage, time to be administered, route, and date.**

**Measures and Monitoring: This will be done by our APRN on a weekly basis.**

**Date implemented: March 1, 2012**

**\*Action Taken: PRN'S will now have written parameters in which they will be administered. This is reflected in current Residential Medication Administration Procedure. See attached revised Residential Medication Administration Procedure.**

**Measures and Monitoring: This will be done on a weekly basis by our APRN.**

**Date implemented: March 1, 2012**

*T069 POC accepted 3/19/12 Rmcturen*

**T069: Common Model Program Standards  
Structural Components  
Director or Supervisor**

**Action Taken: No employee will administer any medications until they have successfully completed the medication course given by our APRN. Upon completion the APRN will train, observe, and delegate administration duties concerning medication per our protocol.**

**Measures and Monitoring:** Monitoring will be completed by our APRN and Robinson House Manager.

**Dates corrective actions implemented:** March 1, 2012

TDLG POC accepted 3/19/12 Ametazul